

**TOWN OF LONGBOAT KEY  
PLANNING, ZONING AND BUILDING  
DEPARTMENT**

501 Bay Isles Road  
Longboat Key, FL 34228  
Phone: 941-316-1966 FAX: 941-316-1970



**HVAC PERMIT APPLICATION  
\*\*A/C Change Out Only\*\***

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY	
Applic #:	Permit # HP:
Approved by:	Date:
Permit Fee: \$	
Receipt #:	Issued:

**REVIEWED UNDER FLORIDA BUILDING CODE FIFTH EDITION AND STATE STATUTES**

***IF PAYING BY CREDIT CARD, PLEASE COMPLETE A CREDIT CARD AUTHORIZATION FORM***

**JOB SITE**

PROJECT/COMPLEX NAME (IF ANY): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COUNTY:  MANATEE  SARASOTA LOT (S)#: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

**HVAC PERMIT APPLICANT**  **PROPERTY OWNER IS APPLICANT**

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: \_\_\_\_\_ MANATEE CO: \_\_\_\_\_ SARASOTA CO: \_\_\_\_\_

APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CONTRACTUAL/WORK DESCRIPTION**

**Amount of contract: \$** \_\_\_\_\_ If contract/price is \$7,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.

**WORK DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_

**EXISTING AND NEW LOCATION/DIMENSIONS: (not required if roof top or existing cantilevered installation)**

EXISTING CONDENSER UNIT: GROUND DIMENSIONS: \_\_\_\_\_ ft. X \_\_\_\_\_ ft. SETBACK(S): SIDE YARD \_\_\_\_\_ ft.  
REAR YARD \_\_\_\_\_ ft.  
OTHER \_\_\_\_\_ ft.

NEW CONDENSER UNIT\*: GROUND DIMENSIONS: \_\_\_\_\_ ft. X \_\_\_\_\_ ft. SETBACK(S): SIDE YARD \_\_\_\_\_ ft.  
REAR YARD \_\_\_\_\_ ft.  
OTHER \_\_\_\_\_ ft.

\*Changes in ground dimensions or setbacks from respective property line(s) may require the submittal of a site plan to be approved for zoning prior to the issuance of the HVAC permit.

**Please note regarding replacement a/c units:**

- **Application a/c units must meet required setbacks for mechanical equipment. A site plan clearly indicating the location and setback of the new unit, as well as the placement of the required mechanical equipment screening may be required.**

- **Replacement a/c units may be inspected while the unit is being installed to ensure access by the inspector. Please make arrangements accordingly with the inspector. A company representative shall be present at the time of such inspection.**

**WARNING TO OWNER:** Your failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

**Applicant's Affidavit:** I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**NOTARY of the State of Florida** County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ who is personally known to me or who

has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public, State of Florida SEAL: